

JOINT TENANCY DEED

APN: 001-031-10

DOC # 0227003

02/21/2014

08:58 AM

Official Record

Recording requested By
MICHELLE JONES

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$14.00 Page 1 of 1
RPTT: \$195.00 Recorded By: LLH
Book- 563 Page- 0170

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Jeffrey and Michele Jones

Address: P.O. Box 179

City/State/Zip: Eureka, NV 89316



0227003

THIS INDENTURE made this 15th day of September, 20 13, by and between
Michael A. and Heather Mears hereinafter referred to as Grantor(s), and
Jeffrey and Michele Jones hereinafter referred to as Grantees,
whose address is (if applicable): PO Box 179, situate in the
City of Eureka, County of Eureka, State of Nevada.

WITNESSETH:

For valuable consideration received, Grantor(s) does by these presents grant, bargain and sell unto said Grantees as joint tenants with rights of survivorship and not as tenants in common, and their assigns and heirs and assigns of the survivor forever, all that certain real property situate in the County of Eureka, State of Nevada that is described as follows:
(Set forth legal description)

Lot B of Block 78, Townsite of Eureka, Nevada, 470 Nob Hill Avenue

SUBJECT TO taxes for the present fiscal year, and subsequently, covenants, conditions, restrictions, exceptions and reservations, easements, encumbrances, leases or licenses, rights and right of way of record, if any.

TOGETHER WITH the tenements, hereditaments and appurtenances there-unto belonging or appertaining and the reversion and reversions, remainder and remainders, rents, issue and profits thereof.

TO HAVE AND TO HOLD said premises, together with the appurtenances, unto said Grantee as joint tenants with rights of survivorship and not as tenants in common and their assigns and the heirs and assigns of the survivor forever.

IN WITNESS WHEREOF, Grantor(s) has caused this conveyance to be executed the day and year first above written.

Michael A. Mears
Signature of Grantor

Heather Mears
Signature of Grantor

STATE OF NEVADA)
COUNTY OF EUREKA)

This instrument was acknowledged before me on (date) Sept. 17, 2013

By (person(s) appearing before notary public) Michael A. Mears Heather Mears

Kathy Bacon-Bowling
Notary Public

My Commission expires: May 11, 2015



KATHY BACON-BOWLING
Notary Public - State of Nevada
Appointment Recorded in Eureka County
Nov 07, 2008 Expires May 11, 2015

STATE OF NEVADA
DECLARATION OF VALUE FORM

DOC # DV-227003

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1. Assessor Parcel Number(s)

a) 001-031-10
b) _____
c) _____
d) _____

2. Type of Property:

a) ☐ Vacant Land b) ☐ Single Fam. Res.
c) ☐ Condo/Twnhse d) ☐ 2-4 Plex
e) ☐ Apt. Bldg f) ☐ Comm'l/Ind'l
g) ☐ Agricultural h) ☐ Mobile Home
Other _____

3. Total Value/Sales Price of Property

\$ 49554.00

Deed in Lieu of Foreclosure Only (value of property) _____

Transfer Tax Value: _____

\$

Real Property Transfer Tax Due

\$ 195.00

4. If Exemption Claimed:

a. Transfer Tax Exemption per NRS 375.090, Section _____

b. Explain Reason for Exemption: _____

5. Partial Interest: Percentage being transferred: 100 %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature

Michael Mears

Capacity

Buyer

Signature

Capacity

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Michael Mears

Address: PO Box 816

City: Eureka

State: NV Zip: 89316

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Michelle Jones

Address: 470 Nob Hill Ave

City: Eureka

State: NV Zip: 89316

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)

Print Name: _____

Escrow #: _____

Address: _____

City: _____

State: _____

Zip: _____

AS A PUBLIC RECORD THIS FORM MAY BE RECORDED/MICROFILMED